



AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

October 18, 2018

Ms. Denise Taylor-Clark, Manager  
Klm Enterprises, Inc  
Attn Kevin Burke Po Box 75  
Wallingford, VT 05773

Dear Ms. Taylor-Clark:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **September 26, 2018**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in black ink, appearing to read "Pamela M. Cota".

Pamela M. Cota, RN  
Licensing Chief

PRINTED: 10/10/2018  
FORM APPROVED

## Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0658	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  09/26/2018
NAME OF PROVIDER OR SUPPLIER  KLM ENTERPRISES, INC		STREET ADDRESS, CITY, STATE, ZIP CODE ATTN KEVIN BURKE PO BOX 75 WALLINGFORD, VT 05773	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
R100	Initial Comments:  An unannounced onsite re-licensure survey was conducted by the Division of Licensing & Protection on 9/26/2018. The following regulatory deficiencies were identified as a result of the survey.	R100	
R150 SS=F	V. RESIDENT CARE AND HOME SERVICES  5.9.c (7)  Assure that symptoms or signs of illness or accident are recorded at the time of occurrence, along with action taken;  This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to assure that symptoms or signs of illness or accident are recorded at the time of occurrence, along with action taken. Findings include:  Per record review there are no licensed nurses' notes available in resident records regarding nursing assessments of residents medical and psychological conditions. In interview on the afternoon of 9/26/2018 the facility Manager stated that all nurses documentation is kept on the laptop of the nurse and was not available for review at all times.	R150	PLEASE SEE ATTACHED TYPED RESPONSE  10/11/18 See Attached accepted POC's S. Perry, RN
R188 SS=F	V. RESIDENT CARE AND HOME SERVICES  5.12.b.(2)  A record for each resident which includes:	R188	

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

STATE FORM

6999

FQ3Z11

Manager

10/11/18

If continuation sheet 1 of 2

PRINTED: 10/10/2018  
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## Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0658	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  09/26/2018
NAME OF PROVIDER OR SUPPLIER  KLM ENTERPRISES, INC		STREET ADDRESS, CITY, STATE, ZIP CODE ATTN KEVIN BURKE PO BOX 75 WALLINGFORD, VT 05773			
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R188	Continued From page 1  resident's name; emergency notification numbers; name, address and telephone number of any legal representative or, if there is none, the next of kin; physician's name, address and telephone number; instructions in case of resident's death; the resident's assessment(s); progress notes regarding any accident or incident and subsequent follow-up; list of allergies; a signed admission agreement; a recent photograph of the resident, unless the resident objects; a copy of the resident's advance directives, if any completed; and a copy of the document giving legal authority to another, if any.  This REQUIREMENT is not met as evidenced by: Based on record review, the facility failed to assure that the medical record for each resident includes progress notes regarding any accident or incident and subsequent follow-up. Findings include:  Per record review, no progress notes by either direct care staff or the facility nurse were found in the medical record of each resident. In interview on the afternoon of 9/26/2018 the facility Manager stated that all nurses documentation is kept on the laptop of the nurse and was not available for review at all times. In addition s/he stated that direct care staff document only in a shift change notebook and there are no notes to document any changes or incidents by direct staff in the individual medical records.	R188			

PLEASE SEE TYPES  
RESPONSE ATTACHED

October 11, 2018

Department of Disabilities, Aging and Independent Living

Attn: Pamela M. Cota, RN

RE: KLM Survey

In response to the deficiencies found during the survey conducted on 9/26/18, I have instituted the following plan of correction:

1.) Regarding R150V, 5.9c (7)

In collaboration with the nurse, we have created a section in each client's medical record for nurse's notes. These notes will not only include a general overview of the client's status, medical and psychological condition) but also documentation of any symptoms, illness or actions, actions taken, follow up care and results.

R-150 POC accepted 10/18/18 M. Higgins RN / S. Buey RD

2.) Regarding R188V, 5.12.b.(2)

All direct care staff notes (previously contained in a separate notebook) will now be included in each client's individual medical record. These notes will document daily staff observations as well as any changes, behavioral issues, symptoms, treatments and follow up care. These notes will also document any accident, incident or illness, and any consequent action taken.

R-188 POC accepted 10/18/18 M. Higgins RN / S. Buey RD

Measures taken to ensure the deficient practice does not recur:

- 1.) Trained all direct care staff to document client condition in the "Staff Notes" section of the medical record. Staff were also trained to fill out incident reports and include them in the medical record.
- 2.) Collaborated with the nurse for creation of "Nurse Notes" in each client's medical record. She will add notes to the section as necessary.

These corrective actions will be monitored by the house manager. House manager will regularly review notes to make sure they are complete and in compliance.

These changes will be implemented by October 23, 2018.



Denise Taylor-Clark,

Manager, KLM

POC's for R150 & R-188 accepted 10/18/18  
M. Higgins RN / S. Buey RD